APPLICATION FOR APPROVAL OF CONTINUING EDUCATION PROGRAMS FOR OPTOMETRIST

State Form 50714 (1-06)

INDIANA OPTOMETRY BOARD
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, IN 46204
Telephone: (317) 234-2054
E-mail: pla8@pla.IN.gov

DATE RECEIVED / POSTMARKED (*month, day, year*)	
APPROVAL DATE (*month, day, year*)	
CONTINUING EDUCATION HOURS GRANTED	

SPONSORING ORGANIZATION

Name of sponsor			Type of organization
Address (*number and street, or post office box*)			
City	State		ZIP code
Telephone number ( )	Fax number ( )	E-mail address	Website

PROGRAM COORDINATOR

Name of program coordinator		Title
Mailing address (*number and street, or post office box*)		
City	State	ZIP code
Telephone number ( )	Fax number ( )	E-mail address

PROGRAM TO BE OFFERED

Title

Date(s)	Location (*city and state*)
Number of Continuing Education Hours Requested Per Date	

TYPE OF PROGRAM

- ☐ **Conference**
- ☐ **Institute**
- ☐ **Special Training Program**
- ☐ **Seminar**
- ☐ **Workshop**
- ☐ **Other** _____
- ☐ **Short Course**
- ☐ **Grand Rounds**

NAME OF INSTRUCTOR(S)

Please list the names of instructor(s). Attach curriculum vitas or resumes.

NAME OF LECTURER	ACADEMIC AND PROFESSIONAL BACKGROUND

(*Continued on the reverse side*)

NAME OF INSTRUCTOR(S) (*continued*)

Please list the names of instructor(s). Attach curriculum vitas or resumes.

NAME OF LECTURER	ACADEMIC AND PROFESSIONAL BACKGROUND

OBJECTIVES

List the objectives for the continuing education course.

CONTENT OF PROGRAM

Provide the Board with a brief summary of the content of the program below. Attach a copy of the program outline or brochure with time frames to this application.

RECORD OF ATTENDANCE

Who will monitor attendance?

What is the manner in which attendance will be monitored?

Who will maintain adequate records of course participants and agree to provide participants with a record of attendance and to retain records of attendance by participants for four (4) years from the date of the program?

What is the method of certifying attendance?

Does the "Record of Attendance" that will be awarded to the optometrist state the following:

a. Sponsor of the program? ☐ Yes ☐ No
b. Name of program? ☐ Yes ☐ No
c. Date of the program? ☐ Yes ☐ No
d. Number of continuing education hours awarded? ☐ Yes ☐ No

NOTE: Each participant must be provided a record of attendance.

ADDITIONAL INFORMATION REQUESTED

1. Have you enclosed the following items:
   a. One (1) original and one (1) copy of your application for continuing education approval. ☐ Yes ☐ No
   b. One (1) original and one (1) copy of the program outline or brochure with time frames. ☐ Yes ☐ No
   c. One (1) original and one (1) copy of the curriculum vitas or resumes of all lectures. ☐ Yes ☐ No

2. Have you applied for continuing education approval with any other entity? ☐ Yes ☐ No

If yes, please specify:

3. Have you read and reviewed 852 IAC 1-16 regarding the approval of continuing education programs for optometrists? ☐ Yes ☐ No

APPLICATION AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of program coordinator	Date signed (*month, day, year*)